



# Indiana State Department of Health

## **CONSENT, AUTHORIZATION AND RELEASE**

TO: Whom It May Concern:

The undersigned hereby agrees to participate in the photographs to be produced by the INDIANA STATE DEPARTMENT OF HEALTH for use in its promotional materials, without charge for the use of my likeness and voice in the above mentioned footage for all of my acting services in connection therewith.

In consideration of your proceeding with the production of said promotional materials, I agree as follows:

- a) You are hereby granted permission to use my physical likeness in said promotional materials without restriction.
- b) Consent and authority are here granted to you, your assignees and successors in title and interest, agents, customers, clients, contractees, licensees, and distributees to deal with, exhibit and transfer said promotional materials, and to use same in any manner you see fit.
- c) I hereby release you, your assignees, agents, customers, clients, licensees, distributees, and any other persons you deal with in connection with said promotional materials and the distribution thereof, from any and all claims of every kind and description which might be asserted or arise out of the matters involved in this consent and authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
GUARDIAN SIGNATURE FOR MINOR

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER